| 6                                                                                                                                                                                                                                                                                                                                                                                                       | MA E                                                                                                                                        |            |                                           |          |                                            |                              |         |                        |      |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------------------|----------|--------------------------------------------|------------------------------|---------|------------------------|------|--|
| <b>.</b>                                                                                                                                                                                                                                                                                                                                                                                                | AMENDME                                                                                                                                     |            | NSMITTA<br>form                           | L LETT   | ÉR                                         | Docket No. 56763.1           |         |                        |      |  |
| 51                                                                                                                                                                                                                                                                                                                                                                                                      | Application No. Filing 0 1/1                                                                                                                |            | te<br>/2002                               |          | Examiner<br>Vernal U. BR                   |                              | Group A | Group Art Unit<br>2635 |      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                         | Invention Title  VEHICLE ANTI-THEFT KEY WITH TRANSPONDER                                                                                    |            |                                           |          |                                            |                              |         |                        |      |  |
| TO THE ASSISTANT COMMISSIONER FOR PATENTS  Transmitted herewith is an amendment in the above-identified application.                                                                                                                                                                                                                                                                                    |                                                                                                                                             |            |                                           |          |                                            |                              |         |                        |      |  |
| Small Entity status of this application has been established under 37 CFR 1.27 verified statement previously submitted.                                                                                                                                                                                                                                                                                 |                                                                                                                                             |            |                                           |          |                                            |                              |         |                        | у а  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                         | A verified statement to establish Small Entity status under 37 CFR\$ 1.27 is enclosed.                                                      |            |                                           |          |                                            |                              |         |                        |      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                         | No additional fee is required.  AUG 0 2 2                                                                                                   |            |                                           |          |                                            |                              |         |                        | 2004 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                         | CLAIMS AS AMENDED  (1)  (2)  (3)  (3)                                                                                                       |            |                                           |          |                                            |                              | enter   | 260                    |      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                             |            | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |          | HIGHEST<br>NUMBER<br>PREVIOUSL<br>PAID FOR | PRESENT<br>Y NUMBER<br>EXTRA | RATE    | FE                     |      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                         | TOTAL CLAIMS                                                                                                                                |            | * 18                                      | minus    | ** 20                                      | 0                            | x \$18  | \$                     | 0    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                         | INDEPENDENT CLAIM                                                                                                                           | s          | * 3                                       | minus    | <b>***</b> 3                               | 0                            | x \$86  |                        | 0    |  |
| MULT. DEPENDENT CLAIM ADDED                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                             |            |                                           |          |                                            |                              | \$290   |                        |      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                         | TOTAL \$ C                                                                                                                                  |            |                                           |          |                                            |                              |         |                        |      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                         | If applicant has small entity status under 37 CFR 1.9 and 1.27, then divide total fee by 2, and enter amount here.  SMALL ENTITY TOTAL \$ 0 |            |                                           |          |                                            |                              |         |                        |      |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the highest number previously paid for IN THIS SPACE is less than 20, enter "20".  *** If the highest number previously paid for IN THIS SPACE is less than 3, enter "3".  The "highest number previously paid for" (total or independent) is the highest number found in the appropriate box in column 1. |                                                                                                                                             |            |                                           |          |                                            |                              |         |                        |      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                         | Please charge Deposit Account No. 12-2355 in the amount of \$ A duplicate copy of this sheet is enclosed.                                   |            |                                           |          |                                            |                              |         |                        | :е   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                         | li A check                                                                                                                                  | in the amo | ount of \$ to c                           | over the | filing fee                                 | is enclosed.                 |         |                        | ,    |  |
| - 1                                                                                                                                                                                                                                                                                                                                                                                                     | IVI The Commissioner is hereby outhorized to charge may mank as the sallowing see                                                           |            |                                           |          |                                            |                              |         |                        |      |  |

The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 12-2355. A duplicate copy of this sheet is enclosed. IXI Any additional filing fees required under 37 CFR 1.16.

[X] Any patent application processing fees under 37 CFR 1.17

Andrew S. Neely, Reg. No. 28,979

Form LNG (9/96)

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## \* \* CERTIFICATE OF MAILING \* \* \*

| I hereby certify that this correspondence is being                                                            | ng deposited with the Ur | nited States Postal |
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| Patents, P.O./Box./1450. Alexandria. VA 22313-1450                                                            | 111                      |                     |





Attorney Docket No. 56763.US

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.:

10/050,619

Applicants:

Banks, D. C., et al.

Filing Date:

01/16/2002

Confirmation No.:

6452

Title:

VEHICLE ANTI-THEFT KEY WITH TRANSPONDER

Examiner:

Brown, V. U.

**Group Art Unit:** 

2635

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AUG 0 2 2004

**AMENDMENT A** 

Technology Center 2600

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated 04/22/2004, please amend the above-referenced application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this submittal.

Remarks begin on page 6 of this submittal.